This Request for Applications (RFA) is being issued by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to Area/County MHDDSAS Programs for the allocation of MH/DD/SAS Trust Fund resources in SFY 06.

The Division is requesting applications from Local Management Entities (LME) for the investment of \$ 1.1 million in MH/DD/SAS Trust Funds. Anticipated funding for SFY 07 will be based on the availability of funds. Funds are to be used as start-up or expansion funding to develop Mobile Crisis Management within the community-based crisis services continuum. Service duration is to be a time-limited person-centered intervention intended to provide integrated crisis response, crisis stabilization and crisis prevention activities, and avert visits to the emergency departments or local and state mh/dd/sa facilities for the identified consumer. Mobile Crisis Management is a "second-line" crisis service for those already receiving a "first responder" service such as ACTT, CST, or MST and those without a "first responder" needing further follow-up care after initial screening, triage, and referral (STR) by LME/LME contracted provider. The development and integration of Mobile Crisis Management with other services within the Crisis Services continuum should be considered in respective communities/LME. (See Appendix A for the current service definitions of these service components.)

The maximum funding available for any application is \$100,000 per LME. The LMEs selected will be considered pilot sites for Mobile Crisis Management and will receive ongoing consultation and technical assistance from the Division. Each LME designee and Provider(s) of Mobile Crisis Management will have to participate in Technical Assistance and Support Meetings on a quarterly basis during the 18 months of implementation. Mobile Crisis Management established through these funds is to be provided by contracted providers, as opposed to directly provided by the LME. This funding cannot be used for any LME space, staff travel or training. This funding cannot supplant existing funds. Applications are not to duplicate program development activities related to institutional downsizing since other funding is available for this purpose. Applications are also not to duplicate any other proposals submitted by the LME for MH/DD/SA specific funding.

Applications shall address the needs of consumers who might experience a crisis related to mental health, developmental disability, or substance abuse. This community-based crisis service should be person-centered, family focused, culturally competent, flexible to meet the individual needs of the consumer, and his/her family and coordinated at both the system and service delivery levels.

In addition to the criteria point system outlined in this application, the Division will look at geographic distribution and attention to previously unserved and/or underserved groups within the Crisis service populations in awarding these grants. Applications should be completed on the enclosed form, in 12 point font size, and may not exceed 15 pages in length (exclusive of any desired addendums). Should you have questions regarding the application process you may addressed them to Patrick Piggott, State Operated Services Section in the Division, at 919-733-3654 or Patrick.Piggott@ncmail.net. For additional technical assistance in completing the application, you may contact Marty Weems, Clinical Instructor, Behavioral Health Resource Program at (919) 962-5857 or weems@email.unc.edu

An Application transmittal letter signed by the LME Director and the Chair (or co-Chairs) of the LME Consumer and Family Advisory Committee and five (5) copies of the Application containing the information outlined on the following pages, are to be submitted by mail to Michael Lancaster, DMH/DD/SAS Chief of Clinical Policy, 3001 Mail Service Center, Raleigh, NC 27699-3001, or delivered to him at DMH/DD/SAS, 325 N. Salisbury St., Albemarle Building, Suite 1111, Raleigh, NC 27603.

Applications must be received no later than 5:00 PM on Tuesday, March 14, 2006.

Applications will be reviewed and rated, and recommendations will be provided to Flo Stein, Chief of Community Policy Management, Michael Lancaster, Chief of Clinical Policy, and Michael Moseley, Director, who will make the final decisions regarding approved Applications. Notification by e-mail will be provided to all applicants no later than March 28, 2006. Allocation letters for successful applications will then be promptly processed and mailed to these successful applicants. Successful LMEs will be required to submit a report within 45 days of the end of the fiscal year (August 14, 2006) that will include the number of consumers served, the current staffing plan, and evaluation results. Funds will be allocated as non-UCR and will be paid to LMEs on a reimbursement basis.

A.	Name of Local Management Entity (LME)						
B.	Local Management Entity Address						
C. D.	LME Application Conta	act Pers	on (Staff Name and	Title)		D.	Date Submitted
E.	Phone	F.	Fax	G.	E-Mail		
H.	LME Clinical Overs	sight M	lanager :(Staff Na	me an	d Title, if differe	nt from	above):
I.	Phone	J.	Fax	K.	E-Mail		
L.	\$ Amount Requested t	for Start	-Up/Expansion: SFY	06			
M.	Projected 12-Month A	nnualize	d Operational Budge	et:			
O.	Name and Address	s of Co	ntracted Provide	r #1 (as	identified)		
P.	Name and Address	s of Co	ntracted Provide	r #2 (as	identified)		
Q.	Name and Address	s of Co	ntracted Provide	r #3 (as	identified)		

 Identify the existing gaps/needs within your local MH/DD/SA Crisis services continuum. Justify the need for Mobile Crisis Management and how you will integrate Mobile Crisis Management with other crisis service components into your crisis services continuum. (If the services are made available, how many infant, children, adolescent, adult, and elderly consumers you would expect to serve?) What are the challenges to providing these services? What resources/strengths does your community have that would overcome these challenges and meet these needs? 	1.	(Max. 2 pgs., 10 points)
 What are the challenges to providing these services? What resources/strengths does your 	•	Justify the need for Mobile Crisis Management and how you will integrate Mobile Crisis Management with other crisis service components into your crisis services continuum. (If the services are made available, how many infant, children, adolescent, adult, and elderly
	•	What are the challenges to providing these services? What resources/strengths does your

2.	Project Plan and	Timeline	(Max. 2	2 pgs., 2	20 points):
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- Describe in specific terms how you intend to utilize Mental Health Trust Funds for program start-up or expansion to increase your community's service capacity for Mobile Crisis Management for consumers who experience an mh/dd/sa crisis.
- Briefly describe how the LME will identify and select provider(s) to develop this service. Identify potential providers. What will the service look like after the start-up/expansion funds have been expended? Who will be served? What special needs will the new service address? Where will the service be Identify "start-up/expansion" timeline for the service and the date the new service will be operational.

SFY 06		
3. Improvement of MH/DD/SA Crisis Services Access and Indicator Measures (Max. 1		
pg., 5 points)		
 Describe how the proposed project will improve access to services for consumers. Discuss provider cultural and/or linguistic competence strategies necessary to develop to meet the needs of the community to be served. Provide specific indicator measures that will enable your LME and the Division to document the increased community capacity. Please include measures such as, reduce hospitalization, decrease adult and juvenile detention rate in the community, reduce out of home-placement, increase access to mh/dd/sa services, increase response time to access mh/dd/sa crisis care, etc 		

4. Utilization of Evidence-Based Best Practice Models (Max. 1 pg., 10 points)
Describe the evidenced-based best practice or emerging/promising practice model for mobile crisis that the provider/s will utilize and how the model will be implemented. (See Appendix B for
resource information for other potential models.)

	SFY 06
5.	Integration within Services Continuum (maximum 2 pgs., 10 points)
•	Describe how the Person-Centered Planning process, including the involvement of informal and/or natural supports, will be supported by the provider(s) of the proposed services.
•	Describe how the coordination along the Crisis Service continuum will occur for consumers and families transitioning between services.
•	Describe collaborative partnerships with other public and private agencies that extend the service continuum beyond mh/dd/sa to facilitate the consumer and family's access to non-mh/dd/sa services and supports. (LMEs may include copies of memoranda of agreements or other evidence of established partnerships to facilitate cross-system access/service.)

6.	SFY 06/SFY 07* Staff and Budget Plans and Projected SFY 07	Budget/Revenues
	(Max. 2 pgs., 20 points)	_

- Identify the potential providers who will develop the proposed service. Briefly describe their experience with providing mobile crisis services and other crisis services within the crisis services continuum. Include the provider/s' staffing plan/s for the proposed service.
- Provide a start-up or expansion line item budget for SFY06 and budget narrative for implementing your proposal, including an estimate of anticipated amounts and types of 1st and 3rd party receipts in the start-up/expansion period. [Note: Start Up/Expansion must be completed within 4 months of the allocation. Maximum allowable amount of start-up/expansion within the first year or SFY 06 is \$100,000.
- Provide a SFY 07 operational budget to indicate how the provider/s will sustain the services
 after the start-up/expansion has been completed. This should include (a) the total SFY 07
 budget, (b) SFY 07 projected revenue amounts and sources, and (c) number of operational
 months in SFY 07 covered under this budget.
- Describe efforts to access Medicaid, Health Choice, other 3rd party payers, and other collaborative partners' funding streams to support this initiative.

^{*}MH/DD/SAS Trust Funds do not revert at year end in the MH/DD/SAS budget. (The total award to an Area/County Program will not exceed \$100,000.)

7.	Crisis Services Provider Training and Workforce Development
	(Max. 2 pgs.,10 points)

- Summarize briefly the training related to Person-Centered Planning process and mobile crisis management, other crisis services and/or emergency mh/dd/sa care skill development that the potential provider/s have arranged for their staff over the past 12 months.
- Describe the provider/s' training plan for the staff who will implement the proposed services to ensure best practice model fidelity.
- Please include how you plan to partner with the local universities and colleges to support student training in community-based crisis services.
- Describe your LME workforce development plan for the provider/s over the next 12 months to ensure continued model fidelity.

8.	Involvement and Support of Local County or Catchment Area Community
	Collaboratives and Consumer-Family Advisory Council
	(Max. 1 pg., 5 points)

- Describe how this proposal reflects your LME collaborative efforts with the Consumer-Family Advisory Council and with the local county or catchment area Community Collaborative.
- Describe how members of the CFAC and the Collaborative (including family members) were involved in the development of this proposal?
- How does this proposal compliment other service development plans of your public partner agencies?
- How will you ensure adequate family or consumer voice in all aspects of the planning, implementation and evaluation of this new service proposal?
- Describe how your CFAC and the Collaborative will have a role in reviewing the aggregate outcomes and reviewing to ensure that the provider/s show on-going model fidelity?

9.	have access to an independent family advocacy and support service system. (Max. 1 pg., 5 points)
•	Describe the role of your local family advocacy and support system in the service component's service delivery.

10	Evaluation (1 pg., 5 points)
•	Describe your plan to evaluate, on an on-going basis, program implementation to ensure model fidelity, to monitor the consumer, family and system outcomes, and to use the evaluation data to guide on-going program/system development. How will you know that your provider of Mobile Crisis Management is successful at meeting the LME/Community's needs.